

2612

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEP 12 2003

File application of: Yury Shapiro, et al.

Attorney Docket No.: IDTYP026X1

Application No.: 09/963,906

Examiner: Unknown

Filed: September 25, 2001

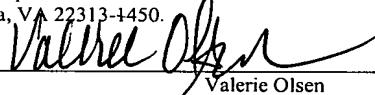
Group: 2612

Title: FINGERPRINT IMAGING DEVICE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on September 9, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed:

  
Valerie Olsen

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
37 CFR §§1.56 AND 1.97(b)**

**RECEIVED**

SEP 15 2003

Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
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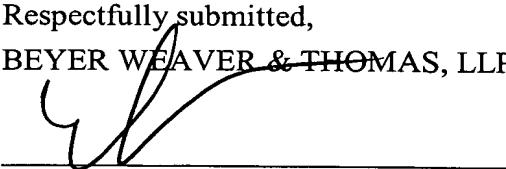
Dear Sir:

Applicants submit the references listed on the attached form PTO-1449, copies of which are enclosed.

This statement is believed to be filed before the mailing date of a first Office Action on the merits. Accordingly, it is believed that no fees are due in connection with the filing of this Supplemental Information Disclosure Statement. However, if it is determined that any fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 500388 (Order No. IDTYP026X1).

Dated: 9/9/03

Respectfully submitted,  
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**Form 1449 (Modified)**
**Supplemental Information Disclosure  
Statement By Applicant**

(Use Several Sheets if Necessary)

Atty Docket No.

IDTXP026X1

Application No.:

09/963,906

Applicant:

Yury Shapiro, et al.

Filing Date

September 25, 2001

Group

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**U.S. Patent Documents**

Examiner Initial	No.	Patent No.	Date	Patentee	Class	Sub-class	Filing Date
	A	5,732,148	03/1998	Keagy et al.			
	B	6,292,576	09/2001	Brownlee			
	C						
	D						
	E						RECEIVED
	F						
	G						SEP 15 2003
	H						
	I						Technology Center 2000

**Foreign Patent or Published Foreign Patent Application**

Examiner Initial	No.	Document No.	Publication Date	Country or Patent Office	Class	Sub-class	Translation	
							Yes	No
	J							
	K							
	L							
	M							
	N							

**Other Documents**

Examiner Initial	No.	Author, Title, Date, Place (e.g. Journal) of Publication
	O	
	P	
	Q	
Examiner		Date Considered

Examiner: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.